

COVER SHEET

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I	N	T	E	G	R	A	T	E	D		M	I	C	R	O	-	E	L	E	C	T	R	O	N	I	C	S	,	
I	N	C	.																										

(Company's Full Name)

N	O	R	T	H		S	C	I	E	N	C	E		A	V	E	N	U	E	,		L	A	G	U	N	A		
T	E	C	H	N	O	P	A	R	K	-	S	E	Z	,	B	O	.	B	I	Ñ	A	N	,	L	A	G	U	N	A

(Business Address: No. Street City / Town / Province)

ATTY. MARIA FRANCHETTE M. ACOSTA

Contact Person

908-3346

Company Telephone Number

1	2
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Month

3	1
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Day

Fiscal Year

	2	3	-	B
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FORM TYPE

0	4
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Month

2	5
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Day

Annual Meeting

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Secondary License Type, if Applicable

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Dept. Requiring this Doc.

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Amended Articles Number/Section

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Total No. Of Stockholders

Total Amount of Borrowings

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Domestic

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Foreign

To be accomplished by SEC Personnel concerned

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File Number

_____ LCU

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Document I.D.

_____ Cashier

STAMPS

Remarks = pls. Use black ink for scanning purposes

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., warrants, options, convertible securities)

1. Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yr)	4. Number of Derivative Securities Acquired (A) or Disposed of (D)		5. Date Exercisable and Expiration Date (Month/Day/Year)		6. Title and Amount of Underlying Securities		7. Price of Derivative Security	8. No. of Derivative Securities Beneficially Owned at End of Month	9. Ownership Form of Derivative Security; Direct (D) or Indirect (I) *	10. Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
N/A												

Explanation of Responses:

Intentional misstatements or omissions of facts constitute Criminal Violations under the RSA.

Robert William Heese

Signature of Reporting Person

9-Apr-26

Date

Note: File five (5) copies of this form, one of which must be manually signed. Attach additional sheets if space provided is insufficient.